Medical Education Health Literacy: Embedding the Plain Language Summary into Medical School and Resident Didactics

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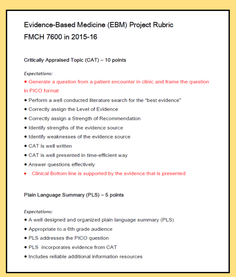
Barriers to Implementation

- Time commitment
- Incorporation into current curriculum
- Lack of familiarity with health resources databases
- Co-teaching with established physician run classes
- Follow-up
- No "real" practice experience



Evidence-Based Medicine (EBM) Project Rubric
FMCH 7600 in 2015-16

Critically Appraised Topic (CAT) – 10 points

Expectations:

- Generate a question from a patient encounter in clinic and frame the question in PICO format
- Perform a well conducted literature search for the "best evidence"
- Correctly assign the Level of Evidence
- Correctly assign a Strength of Recommendation
- Identify strengths of the evidence source
- Identify weaknesses of the evidence source
- CAT is well written
- CAT is well presented in time-efficient way
- Answer questions effectively
- Clinical Bottom line is supported by the evidence that is presented

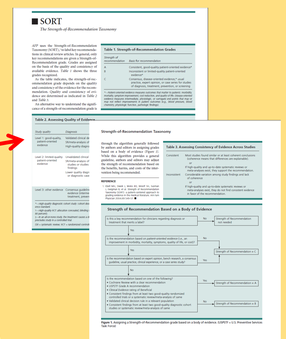
Plain Language Summary (PLS) – 5 points

Expectations:

- A well designed and organized plain language summary (PLS)
- Appropriate to a 6th grade audience
- PLS addresses the PICO question
- PLS incorporates evidence from CAT
- Includes reliable additional information resources

Critical Appraisal study (based on SORT & 2011 Oxford Levels of Evidence) on a defined health topic

Plain Language Summary



SORT
The Strength-of-Recommendation Taxonomy

Table 1. Strength-of-Recommendation Grades

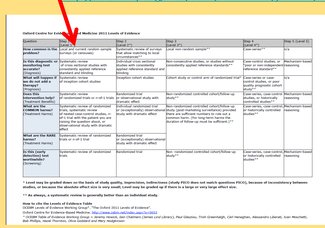
Table 2. Assessing Quality of Evidence

Strength-of-Recommendation Taxonomy

Table 3. Assessing Consistency of Evidence Across Studies

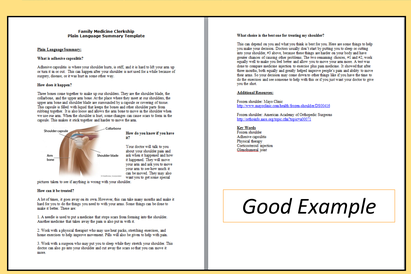
Strength-of-Recommendation Based on a Body of Evidence

http://www.aafp.org/dam/AAFP/documents/journals/afp/sortdef07.pdf



Oxford Centre for Evidence-Based Medicine: 2011 Levels of Evidence

http://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf



Family Medicine Clerkship
Plain Language Summary Template

Good Example

Examples under the direction of the Family Medicine Clerkship (FMC), Dr. David Powers

Rationale for PLS Incorporation in Medical Education and Didactics.

Research has linked poor health outcomes to literacy levels. The ACMGE considers patient communication a priority in medical education. The University of Minnesota incorporates the Plain Language Summary (PLS) in both medical school and resident didactics. Taught by the Clinical Librarian, the PLS is first introduced to medical students. The students learn the tools to construct the PLS and link to follow-up patient resources. Literacy education continues with patient health databases and customizable provider handouts that meet literacy levels between 6th and 8th grade. Grading and evaluation is the responsibility of the Clinical Librarian. This concept is repeated in resident didactics.

Results of NAAL: Literacy Statistics

- ❑ Functionally illiterate = 23% of adults
- ❑ Marginal literacy skills = 28% of adults
- ❑ Proficient = Only 13% of adults
- ❑ 66% of adults over age 60 have inadequate or marginal literacy skills
- ❑ Average reading level in the U.S. is 8th grade; 20% read at 5th grade level or below

(National Assessment of Adult Literacy/Health https://nces.ed.gov/naal/health.asp)

Six ACGME Competencies

- Patient care
- Medical knowledge
- Practice-based learning and improvement
- **Interpersonal and communication skills**
  Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professional
- Professionalism
- System based practice

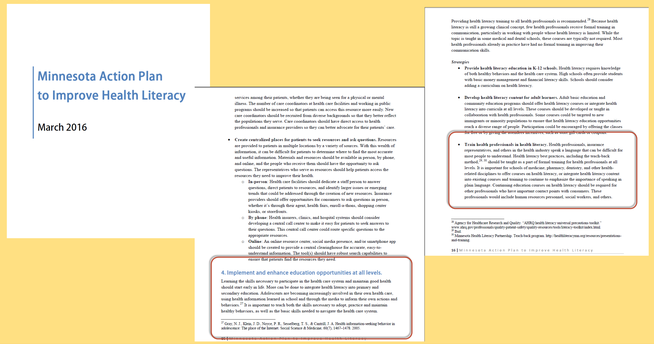
(ACGME Common Program Requirements. http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_07012016.pdf)

Proposed Solutions

- ➢ Mandatory part of the curriculum paired with Critically Appraising the Literature and reinforced with Residency Journal Clubs.
- ➢ Teaching of resources appropriate for customizable patient handouts and patient appropriate information databases.
- ➢ Librarian participation in medical education committees, journal clubs, embedded programs, and department meeting attendance.
- ➢ Librarian submitted plans to address ACGME guidelines.
- ➢ Established contacts through current medical student and residency programs orientations.
- ➢ Presentation of PLS with patient actor.

Proposed Changes

- ➢ Expanded grading rubric to include additional learning styles (video, color, customization, page break-up, readability, and engagement potential)
- ➢ Breakdown each point into more grading opportunities.
- ➢ Presentation of PLS with patient actor
- ➢ 2nd year medical student introduction across all specialties as part of the clerkship
- ➢ Residency didactic incorporation through journal club.
- ➢ Added learning opportunities with patient handout and patient information databases.
- ➢ Databases (linked to patient charts) to include MedlinePlus, ClinicalKey, Krames, Mayo Clinic, Cleveland Clinic and others we define.



Minnesota Action Plan to Improve Health Literacy
March 2016

4. Implement and enhance education opportunities at all levels.

http://healthliteracymn.org/sites/default/files/images/files/MN_Health_Literacy_Action_Plan.pdf

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UNIVERSITY OF MINNESOTA